

For the year Jan. 1–Dec. 31, 2000, or other tax year beginning , 2000, ending , 20 OMB No. 1545-0074

**Label**

(See instructions on page 19.)

**Use the IRS label.** Otherwise, please print or type.

L  
A  
B  
E  
L  
  
H  
E  
R  
E

Your first name and initial	Last name
If a joint return, spouse's first name and initial	Last name
Home address (number and street). If you have a P.O. box, see page 19.	Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.	

Your social security number

Spouse's social security number

**▲ Important! ▲**  
You **must** enter your SSN(s) above.

**Presidential Election Campaign**  
(See page 19.)

**Note.** Checking "Yes" will not change your tax or reduce your refund.  
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ Yes ☐ No ☐ Yes ☐ No

**Filing Status**

Check only one box.

1	<input type="checkbox"/>	Single
2	<input type="checkbox"/>	Married filing joint return (even if only one had income)
3	<input type="checkbox"/>	Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4	<input type="checkbox"/>	Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5	<input type="checkbox"/>	Qualifying widow(er) with dependent child (year spouse died ▶ ). (See page 19.)

**Exemptions**

If more than six dependents, see page 20.

6a ☐ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a

b ☐ **Spouse**

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 20)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

No. of boxes checked on 6a and 6b

No. of your children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers entered on lines above

**Income**

**Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.**

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. <b>Do not</b> include on line 8a	8b	
9	Ordinary dividends. Attach Schedule B if required	9	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions	15a	
		b Taxable amount (see page 23)	
16a	Total pensions and annuities	16a	
		b Taxable amount (see page 23)	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
		b Taxable amount (see page 25)	
21	Other income. List type and amount (see page 25)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your <b>total income</b>	22	

**Adjusted Gross Income**

23	IRA deduction (see page 27)	23	
24	Student loan interest deduction (see page 27)	24	
25	Medical savings account deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed health insurance deduction (see page 29)	28	
29	Self-employed SEP, SIMPLE, and qualified plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	Add lines 23 through 31a	32	
33	Subtract line 32 from line 22. This is your <b>adjusted gross income</b>	33	

## Tax and Credits

## Standard Deduction for Most People

Single:

Head of household:  
\$6,450

Married filing jointly or Qualifying widow(er): \$7,350

Married  
filing  
separately:  
\$3,675






34	Amount from line 33 (adjusted gross income)		
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	▶ 35a	
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here	▶ 35b	
36	Enter your <b>itemized deductions</b> from Schedule A, line 28, <b>or standard deduction</b> shown on the left. <b>But</b> see page 31 to find your standard deduction if you checked any box on line 35a or 35b <b>or</b> if someone can claim you as a dependent		36
37	Subtract line 36 from line 34		37
38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter		38
39	<b>Taxable income.</b> Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-		39
40	<b>Tax</b> (see page 32). Check if any tax is from <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972		40
41	Alternative minimum tax. Attach Form 6251		41
42	Add lines 40 and 41	▶	42
43	Foreign tax credit. Attach Form 1116 if required	43	
44	Credit for child and dependent care expenses. Attach Form 2441	44	
45	Credit for the elderly or the disabled. Attach Schedule R	45	
46	Education credits. Attach Form 8863	46	
47	Child tax credit (see page 36)	47	
48	Adoption credit. Attach Form 8839	48	
49	Other. Check if from <b>a</b> <input type="checkbox"/> Form 3800 <b>b</b> <input type="checkbox"/> Form 8396 <b>c</b> <input type="checkbox"/> Form 8801 <b>d</b> <input type="checkbox"/> Form (specify) _____	49	
50	Add lines 43 through 49. These are your <b>total credits</b>		50
51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-	▶	51

## Other Taxes

52	Self-employment tax. Attach Schedule SE . . . . .	52		
53	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 . . . . .	53		
54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required . . . . .	54		
55	Advance earned income credit payments from Form(s) W-2 . . . . .	55		
56	Household employment taxes. Attach Schedule H . . . . .	56		
57	Add lines 51 through 56. This is your <b>total tax</b> ▶	57		

## Payments

If you have a qualifying child, attach Schedule EIC.

<b>58</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>58</b>			
<b>59</b>	2000 estimated tax payments and amount applied from 1999 return	<b>59</b>			
<b>60a</b>	<b>Earned income credit (EIC)</b> . . . . .	<b>60a</b>			
<b>b</b>	Nontaxable earned income: amount . . . . .  				
	and type  .....				
<b>61</b>	Excess social security and RRTA tax withheld (see page 50)	<b>61</b>			
<b>62</b>	Additional child tax credit. Attach Form 8812 . . . . .	<b>62</b>			
<b>63</b>	Amount paid with request for extension to file (see page 50)	<b>63</b>			
<b>64</b>	Other payments. Check if from <b>a</b> <input type="checkbox"/> Form 2439 <b>b</b> <input type="checkbox"/> Form 4136	<b>64</b>			
<b>65</b>	Add lines 58, 59, 60a, and 61 through 64. These are your <b>total payments</b> . . . . . 				<b>65</b>

## Refund

Have it  
directly  
deposited!  
See page 50  
and fill in 67b,  
67c, and 67d.

<b>66</b>	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you <b>overpaid</b>	<b>66</b>																				
<b>67a</b>	Amount of line 66 you want <b>refunded to you</b> . . . . . ▶	<b>67a</b>																				
▶ <b>b</b>	Routing number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings																					
▶ <b>d</b>	Account number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					
<b>68</b>	Amount of line 66 you want <b>applied to your 2001 estimated tax</b> . . . . . ▶	<b>68</b>																				

## Amount You Owe

<b>69</b>	If line 57 is more than line 65, subtract line 65 from line 57. This is the <b>amount you owe</b> . For details on how to pay, see page 51.	<b>69</b>	
<b>70</b>	Estimated tax penalty. Also include on line 69.	<b>70</b>	

**Sign  
Here**

Joint return?  
See page 19.  
Keep a copy  
for your  
records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	Daytime phone number (      )
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	May the IRS discuss this return with the preparer shown below (see page 52)? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Paid  
Preparer's  
Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no. ( )